

THE MEDICAL EXAMINER,

And Record of Medical Science.

Vol. VII.]

PHILADELPHIA, SATURDAY, JUNE 29, 1844.

[No. 13.]

ON THE IODIDE OF POTASSIUM IN THE LATTER STAGES OF PNEUMONIA.

By GEO. L. UPSHUR, M. D., of Norfolk, Virginia.

Among the numerous diseased states of the system in which iodide of potassium has been tried, with a success, in many instances, almost miraculous, I have no where seen its use recommended in the suppurative stage of pneumonia. My attention was first directed to it, in this affection, in the early part of last January. A poor woman, about thirty years of age, had suffered from inflammation of the lungs for eleven days before I saw her, without taking any remedy except a dose of castor oil at the commencement, and a dose of sulph. of magnesia on the sixth day. The middle lobe of the right lung was wholly consolidated posteriorly, as was conclusively shown by the bronchial respiration, the crepitant roushus, and the flat percussion. The patient had suffered considerably, during the past autumn, from intermittent fever, which had left her pale and emaciated. This fact, coupled with the time that had elapsed from the beginning of the disease when I paid my first visit, induced me to forego the use of the more active antiphlogistic remedies. I placed her upon a weak solution of tartar emetic, combined with oxymel of squill. On the third day, after I saw her, and the fourteenth of her attack, the fever was so much lessened, that I ordered a blister posteriorly to the right lung. The cough now became more troublesome, and the sputa were fast losing the *iron-rust* appearance so peculiar to the second stage of pneumonia, and were assuming a character more decidedly purulent.

As the suppurative stage advanced, the patient, as is usual, became more feeble, and, in three or four days from the application of the blister, the collection of pus was so rapid that she scarcely had strength to expectorate it, and was in imminent danger of suffocation on several occasions. The treatment consisted at first of tonics, and stimulating expectorants, which would assist the expectoration for two or three hours only; the system soon losing its susceptibility to their action. It was at this time, when the powers of life were nearly exhausted, that I prescribed the iodide of potassium, in doses of one scruple in twenty-four hours, administered in infusion of hops. The patient commenced to mend after the first day. The expectoration was more easily performed;—the pulse lost its sharp, irritable beat; the appetite improved, and in one week the patient was able to sit up.

Since January, I have had an opportunity to administer this remedy in six other cases of pneumonia, with a detailed account of which it is unnecessary to trespass further upon the columns of the Examiner: suffice it to say, that in no instance did it fail promptly to answer my expectations. It may not be amiss further to state that, as a general rule, the cough, which often harasses the patient for weeks after convalescence, was not so protracted, nor so distressing during its continuance, in the cases where the potassium was used throughout the suppurative stage.

The indications for its use, I have found to be,

chiefly, the following: 1. In those cases of pneumonia, arising in anemic persons, where the disease is characterised in its early stages by typhoid symptoms. 2. In cases where inflammatory action, in the commencement, high, has been reduced by antiphlogistic treatment, and the suppurative stage is just beginning. This stage is easily recognised by a sudden depression of the vital powers; by a soft but irritable pulse, and by the bronchial respiration being accompanied by a harsh mucous roushus. Lastly, in those cases grafted upon long continued intermittents which have left the blood, in a great degree, impoverished.

The *modus operandi* of the iodide of potassium, like that of other alteratives, has never been satisfactorily settled. That it is a medicine of great power, and calculated to do much good in proper hands, no one will pretend to deny. Its action seems to be incompatible with anæmia, and the diseases which result from it;—and with all forms of disease in which the fluids are materially deranged. Doubtless future investigations will throw further light upon its *modus operandi*;—in the interim, it is sufficient for us to be governed in its administration by the light of experience, even at the hazard of being called *empirics*.

Norfolk, (Va.), June 16th, 1844.

ILEUS FROM A TURNING OR TWISTING OF THE BOWEL ON ITS AXIS.

A man, in loading his waggon with clover, had occasion to mount and jump down again repeatedly, after which he was taken with colic pains and obstinate constipation. All remedies and means were vain, and the patient died on the fifteenth day of his illness. The ileum at its lower extremity, where it terminated in the cæcum, was found simply turned or *twisted upon its axis*. The turn was single, but the piece of intestine was as securely confined as if it had had a noose of thread cast over it. The small intestines were slightly reddened, and excessively distended with gas; the great intestine, on the contrary, was pale and contracted. The twisted portion of gut being set free, it was found quite pervious and uninjured. Would the use of quicksilver have been of any service in this case?—*London Med. Gaz. from Casper's Wochenschrift.*

[A similar case of twisting of the intestine upon its axis, in which the ileum was found to have made *three entire revolutions*, is contained in the *Examiner* of the 20th of April last, reported by Dr. McPheeters of St Louis.]

Dr. Fleming, an eminent Veterinary Surgeon, and Director of the Veterinary School of Rosenthell, lately died of hydrophobia after twenty-four hours of frightful sufferings. Dr. Fleming had never been bitten by any animal affected with madness, but about three years back he dissected a dog which had died mad.—*London Medical Times.*

STATISTICS OF EPILEPSY IN THE PHILADELPHIA HOSPITAL, (BLOCKLEY.)

WITH REMARKS, by M. M. WILSON, M. D., at the time Resident Physician,—now of Schenectady.
(Communicated by Professor DUNGLISON.)

November, 1841.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
				moon 3 qr.									new moon								moon 1 qr.							full moon			
J. Gregg, æt. 27																		16									6	—	16		
*J. Bailey, 23										1	1				1					1				1			—				
A. Laughlin, 38							4	1											1							1					1
M. Fayville, 23														2									1								
C. Howard, 35																								1							
M. McCan, 15							3	3																							
M. Layton, 36										1	1	1	1				1									1	1	1	1	1	1
M. Clark, 12																											≡	≡	≡	≡	≡

December.

[illegible]

January, 1842.

[illegible]

February.

[illegible]

March.

[illegible]

April.

	moon 3 cr					15	new moon					moon 1 gr.					full moon				
J. Gregg,							1	1							1	c	c	c	c	c	
A. Laughlin,	c	c	c	c	c	1		1													
M. Fayville,		c	c	c	c	1															
C. Howard,						6	1									c	c	c	c		
M. McCan,						2	1												1	3	
§ M. Layton,																				1	
A. Spratt,		1										1			1					1	
M. Brannin,								c	c	c	c	c			1	1					

May.

	moon 3 qr.		new moon		moon 1 qr.		full moon	
J. Gregg,	c	c	1	c	c			
A. Laughlin,	c	c	1	c	c			
M. Fayville,	c	c	8	c	c			
C. Howard,								
M. McCan,								
A. Spratt,		1		1				

* Died November 29th.

† Entered the Ward 14th of March.

‡ Entered the Ward 14th of March.

§ Became insane, and was confined in the Lunatic Asylum.

|| Left the house 25th of April.

c Catamenia present.

NOTE.—The figures opposite the patients' names show the number of convulsions they had on the day of the month indicated by the upper row of figures. The horizontal marks indicate the days on which the convulsions were incomplete—syncope. The quarters of the moon are written above the statistics of each month.

History of the cases.—J. Gregg has been subject to epilepsy, since she was fourteen years old. They come on without assignable cause. A feeling of dulness, or heaviness, generally precedes the attacks. Intelligence nearly lost; complexion dark; eyes and hair black; unmarried.

J. Baily is unmarried—no history.

Ann Laughlin—no history; intelligence almost lost. She has attacks of mania of a peculiar nature, occasionally. These attacks generally commence with venereal mania, followed in twenty-four hours by a conscientious horror of a fancied indulgence, which lasts for a day or two, and a violent religious mania succeeds, continuing sometimes for a week or two, when she again becomes sane. It is worthy of remark, that she at first complains of severe pain in the back part of the head, in the region where the phrenologists place amativeness. As the venereal mania leaves her, this pain passes off, and she then complains of pain on the side of the head where they place conscientiousness, and this is followed in like manner with pain on the top of the head, in the organ of veneration. She is unmarried. Dark complexion.

M. Fayville has been subject to epilepsy for three years. Was attacked suddenly, without assignable cause. Her health is generally good; mind much impaired; complexion dark.

C. Howard has been married for eleven years. She was attacked with epilepsy about a year before her marriage; she does not know what to attribute it to. She has three children. Pain in the head precedes the attack for a day or two. Intellect but little impaired.

M. McCan was first attacked four years ago. She attributes it to the ill-treatment of her employer. She has been troubled with incontinence of urine since she was seven years old. Now somewhat relieved by the use of blisters to the sacrum, and the internal use of tincture of cantharides.

M. Layton has been subject to epilepsy for seven years. She attributes it to interruption of the menstrual function. She is intemperate.

The other cases have nothing of interest attached to their history that could be ascertained.

Remarks.—The object of the above statistics was to discover what cause excited the paroxysm, in order to arrive at a more rational mode of treatment. It is an old notion, which, even at the present day, has its adherents, that epileptic convulsions are in some way connected with the phases of the moon. By reference to this table, it will be seen, that in these cases no connection whatever existed. Neither did they follow regular periods, although some of them, as Howard, were certain to be free from them for several weeks after an attack; nor were they, in any case, uniformly confined to the menstrual period. These observations were continued for nine months; the notes for June and July have by some means been mislaid; the result, however, was the same. From these statistics it is clear that the exciting cause must be looked for elsewhere than in lunar influence, periodicity and menstruation. After these facts had been satisfactorily ascertained, attention was directed to the food, and other sources of

irritation and excitement immediately preceding the paroxysm; and these observations appeared to develop the exciting cause in most, if not all, the patients in the ward. A few hours after taking indigestible food, or an unusually full meal, they almost invariably had attacks of epilepsy. On the first day of January, the nurse gave them a feast, and a reference to the table will show that almost every patient in the ward had convulsions on that and the following day. Mental depression and undue excitement were almost invariably followed by a similar result. I have known several of them to be attacked with violent convulsions during an inflammatory address by a certain minister, who frequently came to the hospital to administer "spiritual consolation" to its inmates. This was so uniformly the consequence of the minister's preaching, that devotional exercises were prohibited in the ward. Two patients were very irritable, and were thrown into violent passion on trifling occasions, and convulsions generally followed.

In the treatment of these cases, almost every remedy that had been suggested by the profession had been tried by my predecessors, and with little or no benefit. Profiting by their experience, I made use of no therapeutical agents directed to epilepsy itself, but prescribed such medicine and regimen as were deemed proper for the improvement of the general health, and perhaps with some benefit. But as no previous statistics had been preserved, it was impossible to decide whether the number of convulsions were diminished or not. In the opinion of the nurse they were materially so. The nitrate of silver was administered with apparent benefit in a few cases where the digestive organs were impaired. This remedy is often prescribed empirically, and we must believe frequently with success.

RHINOPLASTIC OPERATION.

BY THOMAS D. MÜTTER, M. D.,

Professor of Surgery in Jefferson Medical College, &c.

George Desher, aged 19, in a fight with a person much stronger than himself, had a portion of the right ala of the nose bitten out. The parts healed kindly, but there remained the deformity exhibited in fig. 1.



On a careful examination of the parts, I determined to perform an operation essentially different from those usually employed in similar cases. Accordingly, on the 3d of April he was brought before my class, and the following method of operation put into execution:—Being properly seated, and the head supported by an assistant, I passed, flatwise, a long, thin, narrow, and sharp-pointed bistoury between the integuments and the subjacent cartilage in the direction of the dotted line *a b*, in fig. 1. When the point of the instrument reached the spot indicated by the letter *b*, I turned the blade upon its *edge*, and divided the cartilage and muscle freely from without, *inwards*. Then disengaging the knife, I passed it, in the same manner, in the direction of the line *d c*, and separated the cartilage from its attachment. These two incisions enabled me to pull the flap, included between them, *downwards* and *forwards*, so as to occupy the space originally occupied by the ala nasi. I next freshened the edge of the flap, and also that along the bridge of the nose, and brought them together by four stitches of the interrupted suture, as is seen in fig. 2. A strip or two of isinglass plaster



was placed over the parts; a small pledget of lint introduced into the lower edge of the wound, to prevent union between the edges, and the patient ordered to be kept quiet, and in a cool room; and in the event of the flap being too warm, the assistant was requested to irrigate it with mucilage of the medul. sassafras.—Union by the first intention took place; and in two weeks my patient was entirely cured.

Remarks.

This operation is unquestionably the best that can possibly be proposed in all cases of *partial* loss of the ala; inasmuch as by it we avoid a scar upon the cheek, an extensive dissection, and, above all, secure a round and perfect margin for the nostril. There is only a line along the bridge of the nose to indicate that an operation had been performed, and the deformity is entirely relieved.

NAPHTHA IN PHTHISIS.—Dr. Powell gives a brief note of three cases of phthisis in which he gave a trial to the internal exhibition of purified naphtha, in two of which it was not of any service, and in the third it was decidedly prejudicial.

BIBLIOGRAPHICAL NOTICES.

Traité analytique de la Digestion considérée particulièrement dans l'Homme et dans les Animaux vertébrés. Par M. BLONDLOT, Docteur en Médecine, Professeur (adjoint) de chimie à l'Ecole de Médecine de Nancy, &c., &c. 8vo. pp. 471, Paris, 1843.

We always look with some degree of suspicion on works that purport to give a view of the physiology or pathology of the digestive organs, inasmuch as all history shows them to have been topics on which many a one has endeavoured to ride into practice, and in several cases not unsuccessfully. The work before us is not one of this class. The author has studied the healthy play of the digestive organs; has committed the results of his investigations to writing; and has thought that his lucubrations might be of service to his professional brethren. He certainly has given a fair historical exposition of the notions that have been entertained on the subject, and if his work exhibit no novelty of any moment, it is not the less a good treatise on the subject. His view of the composition of the gastric juice differs from that generally given; and therefore we cite it.

“It is a clear and limpid fluid, somewhat, at first sight, like the urine. It has a slight odour *sui generis*. Its taste is feebly saline and sourish,” [absolutely sour we should say from the examination of the fluid obtained from San Martin, the person on whom Dr. Beaumont's observations were made] “and it constantly reddens vegetable blues. Submitted to analysis, it furnishes bi-phosphate of lime, which communicates to it its acid reaction, conjointly with a little bi-phosphate of ammonia, chloride of sodium, mucus, and a peculiar organic principle, very changeable, which it has not, hitherto, been practicable to obtain in an isolated state, and which appears to be a kind of mucous matter, in a certain state of modification, which we cannot comprehend, and still less reproduce artificially. Whatever it may be, this matter acts in the manner of ferments, under the influence of a proper temperature, which appears to be restricted between 10° and 40° cent., for above this temperature it completely and irrevocably loses its virtue. In order that its specific action shall be put in play, it absolutely requires the concours of some weak acid. As for the other elements of the gastric juice, none, with the exception of the water, appears to take part in this action, the cause of which must be attributed, to all appearance, to one of those influences of contact, which we designate under the generic expression of catalytic force.” p. 456.

The whole process of digestion, M. Blondlot properly considers to be of a physical character.

Cyclopædia of Practical Medicine.—Parts IV. V. and VI.

We have heretofore announced the appearance of the three first *parts* of this publication. Since then, three more have appeared, completing the first volume, or one-fourth of the whole work. The favourable opinion which we expressed on former occasions from the specimens then before us, is in no degree lessened by a further acquaintance with its scope and execution. Contrary to what has been urged elsewhere, we are decidedly of opinion that one great merit of this work consists in its being the production of a number of distinguished authors, writing their several parts simultaneously. Apart

from the great advantage of the different monographs, of which it consists, emanating from gentlemen who have paid special attention to the subjects on which they write, by this arrangement we are put into early possession of the entire work. If confided to a single pen, years would necessarily elapse before it could be completed, if completed at all. During that time, such is the progressive character of our science, to say nothing of the inconveniences and danger of mishaps from so much delay, the *first* and the *last* of the work would scarcely belong to the same era.

THE MEDICAL EXAMINER.

PHILADELPHIA, JUNE 29, 1844.

THE AUTOMATON SPEAKER.

Our attention was first directed to this triumph of human ingenuity by the Editor of the New York Journal of Medicine, who described it as the result of eighteen years unceasing labour, by a person named Faber. "It is constructed upon the model of the human organs of voice,—the tongue, larynx, &c., being made of caoutchouc. * * * The automaton is represented by a bearded Turk, and the articulations are produced by playing upon sixteen keys. We were quite surprised at being addressed by the automaton, in words very distinctly articulated, thus: 'Welcome, Doctor For-ry; please ex-cuse my slow e-nun-ci-a-tion.' After giving various other illustrations of his vocal powers, the automaton sang 'Hail Columbia, &c.' As we were about leaving he said, 'gen-tle-men, I thank you for your vis-it.'"

And after this detail so deeply interesting to the physiologist, the editor adds: "But after all, *cui est bono?*" Could there be a case in which the cry of *cui bono* could be more inappropriate! The problem of the mechanism of the human voice has been, and is, one of the most deeply interesting to the physiologist, and the *physicien*; and even at the present day speculation upon speculation is hazarded in regard to it. The wisest heads and the most expert hands, separately and combined, have been busied with attempts at discovering the mode in which articulated voice is effected; fruitlessly, however, until this ingenious mechanic succeeded—after having spent the best part of a life of indefatigable exertion—in accomplishing that on which Von Kempelen and every other mechanician had failed. A friend of our own, well versed in the mechanic arts both scientifically and practically, after having bestowed unwearied and protracted attention on the formation of a speaking machine, succeeded at length in constructing one that imperfectly enunciated the vowel-sounds and one or two simple consonants, as in *mamma* and *papa*, but he could proceed no further. Yet here we had a machine, in which the complicated problem could have been completely studied, and in which the different portions of the larynx and vocal tube were thrown into action as they are in man, and admitted of close and intimate inspection: the key, in fact, to the solution of a most difficult physiological problem is discovered, and it is gravely asked, "*cui est bono?*" Still the question does not excite in us so much surprise when we read the following observation:

"As voice," he says, "is the sound produced by air

drawn from the lungs through the larynx, causing a vibration of the chordæ vocales, it is a function of *animal* life; but the function in the animals inferior to man, as well as in the idiot, is limited to the production of the *simple* or *instinctive* voice; whilst in intellectual man, it becomes sufficiently complicated for the purpose of articulation. This is regarded as an evidence of man's intellectual superiority. Here, however, we find the same phenomena produced by an apparatus of caoutchouc, and a bellows!"

And what otherwise could be expected. The organ of voice exists in the idiot as in the individual possessed of his full intellectual powers; but it is useless in the former, in consequence of his not having an intellect to guide it. In like manner, in the automaton we have the organ, which is equally useless, until thrown into action under a properly regulated volition.

The sad part of the story remains, however, to be told. When the ingenious inventor of this automaton was about to reap the reward of his toil and ingenuity; and when the scientific of this city—of whom there are many; and the curious—of whom there are more, were full of the expectation of deriving an amount of positive knowledge in regard to the mechanism of the voice not previously within their reach,—under some momentary excitement, the offspring was destroyed by its unhappy parent, and not a fragment now remains of the unrequited toil of so many years of successful experiment. Benevolent individuals have, indeed, stepped forward with offers of pecuniary aid towards the fabrication of another; but at present, we regret to say, with very slight prospect of success.

NEW ORLEANS MEDICAL JOURNAL.

We have received the first number of a new Medical Journal, published in the city of New Orleans, under the Editorial care of Erasmus D. Fenner, M. D., and A. Hester, M. D. It is to contain about one-hundred and twenty pages, 8vo., and to be issued "bi-monthly," at five dollars per annum. In an "introductory address," not remarkable for its brevity, the Editors speak of the inducements, the objects and the aspirations with which they have undertaken the task.

"What," they exclaim, "is the humiliating declaration we are bound to make! Few—but very few Physicians in the South have ever offered contributions to medical literature; and there is not a Medical Journal to be found in the United States south of Louisville. Will it be believed abroad when we add, that in this vast and interesting region, there exists no less than four Medical Colleges, whose halls are annually attended by students, and which are granting Diplomas from year to year?" Four Medical Colleges granting degrees and not one Journal! That is indeed too bad, and we think Drs. Fenner and Hester are entitled to the support not only of the "Medical Colleges," but of the profession of that region in their laudable efforts to supply the deficiency. New Orleans is a large city, having extensive commercial relations with the surrounding country, as well as the remoter parts of the United States and Europe, and we can conceive of no possible reason why a good Medical Journal should not be sustained there. The bright side of the picture presented by our new "confrères," is exhibited in the following language:

"We even indulge the hope that in a short time we shall see New Orleans, the Emporium of a vast and varied commerce as it is, become also a *focus* to which shall be concentrated the rays of medical light from all parts of the world, again to be disseminated for the most useful purposes." Our enthusiasm, we confess, has been checked by the lapse of too many years to allow us to *hope* with the Editors for the fulfilment of those bright visions "in a short time," but they have our best *wishes* for their attainment.

There is one position assumed and sought to be maintained in the address, which we feel bound to notice, although we do it with regret, as we by no means wish to engage in controversy with any of our bretheren of the press, and especially those who are just entering into the brotherhood; but the question involved is one of importance, and ought to be put at rest. "We," say the editors, "have been raised in the south-west; our professional career has been chiefly in the South, and we can assert an experience of fifteen years in its peculiar maladies. We therefore have a right to declare that the diseases of the South can only be studied and learned in the South."

"The elements of the profession," they say "may be studied to perfection in the Capitols of Europe and the United States," but the peculiar diseases of the south and west, can only be treated by a physician who, after commencing "his observations *de novo*," has established "for himself a new code of principles and practice." "On this point we feel confident we are expressing an opinion almost universally entertained in the south; for often have we heard it deliberately remarked by intelligent physicians, that a patient attacked by congestive fever in the form often witnessed on the banks of the Yazoo or Red River, would be much more safe under the management of some intelligent Planter or Overseer who had long resided in this region, and who was perfectly familiar with the disease, than he would be in the hands of the ablest physicians of London or Paris, who had never practised beyond their precincts, and who would be guided in his treatment solely by the general principles of medicine."

This, we are aware, is but the echo of an assertion oft repeated by a prominent teacher in the south-west, the origin and objects of which, however, are perfectly well understood. If the south have *peculiar* diseases which can only be *studied* in the south, it is equally so of the north, of the west, of the east, of the mountains and of the vallies! A man who studies his profession ever so profoundly in one place, is totally unfit to practice it in another! The "planters" and "overseers," and of course the mechanics, the grandmothers and old nurses of one locality, are better qualified to prescribe for the sick of the place than the best educated physician who may have mastered his profession in Philadelphia, in Edinburgh, in London, or in Paris! If this be true, what becomes of the science? Diseases must be regarded as entities, all remedies as specifics, and those who prescribe them—as empirics! This degrading doctrine has been most industriously promulgated in the south-west for years past, and what has been the result of such enlightened teaching? Since the establishment of Medical Schools in the Valley of the Mississippi, comparatively few young men from that quarter seek instruction elsewhere, under the belief that there only can they learn the peculiar diseases of the South. What the

effect has been, let our new cotemporaries, whose "professional career has been chiefly in the south," answer: "Who does not perceive that the Medical Profession has been for sometime gradually losing caste and respectability in the south—that unworthy and incompetent members are constantly gaining admission into its ranks—and that the Charlatan and Empiric annually find it less difficult to maintain a successful competition with the licensed Practitioner?"

With how much more success the diseases of the south are studied by those who live there, the following facts will show. The first article in the Journal is "an Essay on Yellow Fever, by J. F. Beugnot, D. M. P., read before the Louisiana Medico-Chirurgical Society, Sept. 1843." It commences thus: "Mr. President and Gentlemen,—Since I begun the practice of medicine in New-Orleans, I have often been astonished with one fact which has doubtless struck you as well as myself; I allude here to the *diversity of opinions among Medical Gentlemen on the subject of Yellow-Fever, and in regard to every thing connected with it.*" The views of that disease put forth by Dr. Beugnot, the Editors testify, are concurred in by "some of the ablest Physicians of New Orleans;" but are "condemned by a large and respectable class." The diametrically opposite treatment of cases in the Charity Hospital of N. O., reported by Dr. Slade, utters the same language. After all, it will be found that those who *practise* with most credit to themselves and advantage to their patients, *in all parts of the world*, are they who are best acquainted with the principles of pathology and therapeutics—in other words, those who have most thoroughly studied medicine as a *science*. English, French, and American naval surgeons, find themselves at no loss in treating the diseases of those under their charge, in any country or climate where their official duty calls them. Well established principles are of general application; and those who are truly instructed in the philosophy of our science, find little difficulty in the proper application of its principles to all the modifications of disease whenever and wherever found.

Having expressed our opinion somewhat in opposition to that of the Editors on this point, we hesitate not to welcome this new auxiliary in the work of diffusing medical knowledge. It comes from an interesting section of the country with which we desire to become better acquainted.—The specimen of the Journal before us contains a large amount of interesting matter, contributed by some excellent members of the profession; and if the future numbers shall continue to be enriched by their communications, and shall contain an equal amount of valuable matter, it must receive, as it will certainly deserve, the encouragement and support of the profession.

TRANSYLVANIA UNIVERSITY.

Sometime since it was announced in the Journals that Professors Bartlett and Cross had resigned the chairs respectively occupied by them in this Institution. From the annual circular which we have since received, it appears that the Faculty has been reorganized, and that Dr. Lotan G. Watson, of North Carolina, and Dr. Leonidas M. Lawson, of Cincinnati, have been elected to supply the places of Drs. Bartlett and Cross—the former as Professor of Theory and Practice, and the latter as Professor of General and Pathological Anatomy and Physiology.

By the new arrangement, Dr. Dudley retains the chair of Surgery, but relinquishes the department of Anatomy, to which his late assistant, Dr. James M. Bush, has been appointed.

CLINICAL LECTURES AND REPORTS.

LECTURES

Delivered in the Theatre of St. George's Hospital, in the session 1843-44,

BY SIR BENJAMIN COLLINS BRODIE,
Consulting-Surgeon of the Hospital.

Non-malignant diseases of the tongue. Paralysis and its causes. Paraplegia, its origin and progress. Softening of the spinal nervous substance. Tabes dorsalis. Cases of paraplegia. Paralysis from carcinomatous vertebræ. Case of general paralysis. Lumbago a precursor of paralysis. Paraplegia with hysteria and chlorosis.

GENTLEMEN,—In my last lecture I spoke of diseases of the tongue. I should have mentioned that other kinds of tumours than those I there described occur in that organ, just as they do in other parts of the body. Their formation in the tongue is not a frequent occurrence; nevertheless, you meet with them sometimes. A gentleman came to me with a tumour of the tongue, which was distinguished from common scirrhus by its being further from the surface, and very distinctly circumscribed: still, from the hardness of the tumour, I was led to suspect that it might be of a malignant nature. Had I found the same kind of tumour in the female breast I should have said that it was scirrhus; but as it had not the character of common scirrhus of the tongue I entertained doubts upon the subject. As an experiment I gave the patient tincture of iodine, eight or ten drops three times a day, gradually increasing the dose to twenty drops. After taking this for a short time the tumour appeared reduced in size; and on continuing the medicine for some time longer it was still more reduced, and it ultimately disappeared entirely. What the nature of the tumour was I do not pretend to say. I may mention one circumstance connected with this case, by way of putting you on your guard as to the use of tincture of iodine. The patient wished to go into the country, to which I gave permission, provided he would have a medical attendant to look after him while taking this remedy, adding that I could not sanction any patient of mine taking this medicine except under medical observation. He took the iodine without placing himself under medical care; and its action not being properly watched, he one day had a paralytic stroke. He instantly left off the medicine, and he ultimately recovered. This is only one case of many which I might mention, to show that iodine often produces powerful effects on the nervous system, and that it is not to be taken—at least in large doses—without considerable caution. I remember seeing a patient who had a large elastic tumour, or some fluctuation in the tongue, of considerable size, apparently as big as a nutmeg. It was perceptible chiefly on the lower surface of the organ. The surgeon, under whose care the patient was, divided the tongue over the tumour to see what it was, and out came a cyst containing fluid—I suppose an hydatid. The patient got well. These observations are intended to finish the subject to which I before called your attention.

PARALYSIS.

I now enter upon another topic. When such a change takes place in the nervous system that the mandates of the will are not conveyed to the muscles, we say that there is paralysis. Paralysis may be, and generally is, attended with a loss of sensation also to a greater or less extent; but this is not a matter of course. The nerves of sensation may be affected without involving the nerves of motion, and *vice versa*.

Paralytic affections may depend, as you may suppose, on various causes. Mere general deficiency of nervous agency; the accidental division of a nerve of the spinal cord; pressure upon any part of the nervous system; tumours or other morbid alterations of structure in the brain and spinal marrow, will produce paralysis.

Where there is a tumour or morbid alteration of structure, in some instances, the paralysis will come on gradually; but it is a remarkable circumstance that in many instances that is not the case. Disease is going on, perhaps, for months, or even years, and all at once there is a sudden stroke of paralysis. For example, the late Dr. Wollaston, the eminent philosopher, had a disease of the brain, which proved to be a tumour situated in one optic thalamus, and it produced in him a remarkable effect. He saw one-half of an object, and not the other half. He used frequently during life to talk to me on the subject of this peculiarity of vision. He had it when a boy at school, but when sixty years of age he was all at once seized with paralysis in one arm, that extended, and he died. On the post-mortem examination we found a tumour as large as a walnut connected with one optic thalamus. A gentleman consulted me last year who had, all at once, become paralytic in the lower limbs. I need not detail the case; he ultimately died, and on examining the body I found a tumour in the middle of the spinal cord, at the back, which evidently must have been growing for years. This was proved by other symptoms, but there had been no paralysis. I attended a gentleman for diseased prostate gland; he was in a very miserable hypochondriacal condition, and used to cry without any evident reason for it. One day on going to the close-stool he all at once became paralytic on one side of the body, and he died. On examination we found *ramollissement* of one complete hemisphere of the cerebrum.

The sudden occurrence of paralysis in these cases is to be accounted for in the following manner:—The tumour or morbid alteration of structure goes on in the brain, and then there is a sudden effusion of serum into the ventricles. In Dr. Wollaston's case the tumour grew so gradually that it did not affect the functions of the brain; but all at once it projected into the ventricles so as to produce irritation of the lining membrane, and then there was a sudden effusion of water into the ventricles. It was the same with the gentleman who died from *ramollissement* of the brain. That must have been going on for months, and no doubt produced low spirits, a disposition to weep, &c. On examining the body after death we found the ventricles distended with water, and I conclude that it was the sudden effusion of water there that caused the sudden paralysis. I know of some other cases in which water has been effused into the ventricles of the brain, independently of inflammation, in a very short space of time. The ancient writers distinguished between sanguineous and serous apoplexy. In the former, blood is extravasated from the rupture of a vessel in the brain; in the latter, water

is effused into the ventricles, and both occurrences may take place suddenly. I have known a person become quite apoplectic in a few hours, having been perfectly well before; and on examining the body after death, I have found the ventricles distended with serum.

Again, the sudden occurrence of paralysis in the case where there was a tubercle in the spinal cord, I apprehend, was to be explained by this circumstance, that all below the part where the tubercle was situated was in a state of softening, or *ramollissement*, as the French call it; but I shall have to advert to this subject again presently.

Different names have been given to different forms of paralysis. You hear of *hemiplegia*—half the body being struck. Sometimes there is paralysis in one leg, one arm, or down one side of the body, and not the other side, and this form of paralysis is generally called *hemiplegia*. It always depends on disease in the brain itself. The right side of the brain belongs to the left side of the body, and *vice versa*. If the left leg and the left arm, therefore, become paralytic, you conclude, as a matter of course, that the disease is on the right side of the brain. Another form of paralysis is called *paraplegia*. That word has been used rather indefinitely, but still I believe that every one who has employed it has meant to say that the paralysis was not confined to one side of the body, but exists on both sides. The Greek preposition *παρα* signifies “stroke across.”

Now, it is to the various cases that are confounded with one another under the name of paraplegia to which I wish to call your attention in this and, probably, in my next lecture.

You will often find a person with these symptoms,—I think I see such a case every month of my life. The patient complains of a difficulty of walking; he finds that he stumbles easily. When he attempts to use his limbs he sometimes finds that he cannot carry his intention into effect; the muscles do not exactly obey his will. He finds that he does not stand steady; that he must put his feet asunder in order that they may be wide, otherwise the centre of gravity is apt to go too much on one side. This difficulty increases, at last he walks very unsteadily indeed; the muscles of the lower limbs become flaccid; the weakness of the muscles extends upwards, and generally there is a loss of sensation. For a long time the latter is not complete, nor is there a complete loss of the power of motion, but the disease is gradually creeping on. By and by the patient complains of a loss of power below his waist, and not only has he a difficulty in walking, but there is a difficulty in making water; he cannot command the bladder, the urine runs away involuntarily, wets his clothes, wets the bedclothes, and makes him offensive to himself and to others. This generally happens from the bladder being overloaded, and not being capable of emptying itself; though sometimes it is the reverse; the bladder is actually empty, and continues so, for the urine runs through without distending it. Generally, however, it is an overloaded bladder that produces incontinence of urine. The patient then has a sense of constriction as if a hoop were bound round his waist. That is a very constant symptom in these cases. Then he will complain of a sensation as though a ligature were bound round each thigh and each leg, and there is increasing numbness, with a sense of weight in the feet.

In some instances the disease remains just as I have described it; and I have known persons go on in this way for many years. I remember a gentleman who had just the symptoms I have mentioned,

respecting whom I was consulted, but for whom no good could be done, and I used to see him crawling about the streets for years afterwards. But in other cases the disease goes on; the lower limbs become completely paralytic; then the upper limbs become affected; first one arm and then the other. In some of these cases the bowels are exceedingly costive; they are not to be acted upon, even by the strongest medicine, and very frequently there are pains in the abdomen. Sometimes you find the disease making rapid and at other times slow progress.

Thus I have given you a general description of the symptoms, such as are applicable to the majority of cases of paraplegia with which you will meet, commencing in the lower limbs. We now come to consider what are the different causes on which these symptoms may depend, and what the different diseases that are indicated in this manner.

One, and I believe the most common cause; is that I have mentioned—a morbid change of the minute structure of the spinal cord; that is to say, softening, or *ramollissement*. The change that occurs at other times in the brain takes place in the spinal cord after a concussion of the spine. A very common effect of concussion is to injure its minute structure, and then to a greater or less extent it dissolves into a substance like cream. In this state of softening it first loses its natural consistency, but still retains the character of solid substance. By and by it becomes completely melted down to a substance like cream; the membranes can hardly be lifted out, and when placed in water the spinal cord floats, and the membranes remain by themselves. What produces this softening I cannot say. Some have said that it is inflammation; but certainly there are no marks of inflammation; there is no unusual vascularity preceding or accompanying the softening; there are no vessels loaded with blood, and, indeed, the parts are rather less vascular than natural. All that can be said is, there is some peculiar change of structure, the proximate cause of which we cannot explain, nor very often the remote cause. A young lady had this state of the spinal cord, and ultimately died from it. She was a healthy young woman in other respects, and there was nothing to explain it. There is one very common cause of it—not in young women but in men—men who rank among what is called the *better* classes, which, I suppose, means only that they are richer than others; at any rate, they are not better in the point I am going to mention. There is a class of people, in London especially, who have no employment, who have large fortunes, and who spend half their time in intriguing with women; and in many instances you may trace the disease of the spinal cord to over-indulgence in sexual intercourse. Though we know more of the appearances after death than did the ancients, yet they very well described paralysis arising from this cause when they spoke of it as *tabes dorsalis*.

That is one cause of paraplegic symptoms, but from what other causes may they arise? A gentleman had formerly some pain in the back, or some symptoms which led a surgeon to apply a caustic issue in the neighbourhood of the spine. This was almost forgotten, but about two years ago, in walking, one of his feet gave way, and if his brother had not been with him he would have fallen to the ground; but he was very well again afterwards. By and by, however, he was seized with violent pain around the waist, and it was treated, without any relief, as rheumatic pain. After a time he became completely paralytic in both limbs, he lay in bed for a few days, and then recovered, so that he could walk about the

room. This did not last long, he again became paralytic, the bowels were constipated, and no medicine would act upon them. The secretions from the bowels became black, like tar, the urine alkaline, and he died. This was the case which I mentioned just now. On examining the body after death there was a tubercle in the spinal cord, which no doubt had been growing for years. It was a hard solid tubercle, and below it the spinal cord was soft. I presume that the pain which preceded the paralysis indicated the commencement of the softening of the cord below the tubercle. I have seen other cases of medullary tumours around the spinal cord producing paraplegia of the parts below.

Another cause of this affection is an unnatural effusion of fluid into the theca vertebralis. A gentleman was brought to London completely paralytic in the lower limbs; he could not even turn in bed. By and by the upper limbs became paralytic, and he ultimately died. On a post-mortem examination I found no morbid appearances, except an immense secretion of fluid within the theca vertebralis; the dura mater and the arachnoid membrane lining it were also entirely distended with fluid, so that when the posterior part of the ventricle was removed the fluid bulged into the opening. It was not measured, but a large quantity of fluid ran out of the theca vertebralis when the membranes were opened. There was no other disease either of the brain or the spinal marrow, and what produced this unusual quantity of fluid I do not know; there may have been some disease in the minute structure which we could not discover. Sir Astley Cooper informed me of a similar case.

Paraplegia sometimes occurs in patients who labour under carcinoma. A gentleman had a diseased prostate gland; it was much enlarged and indurated, and there was great pain in the region of the prostate. After a time he was seized with severe pains in the back and in the limbs, such as patients frequently have who labour under carcinoma,—intense agonising pain, which nothing will relieve. These pains, in fact, depend on carcinomatous disease in the bone, and the bones of patients thus affected will break from merely turning in bed; I have known this occurrence to take place in the femur. This gentleman, with disease of the prostate, suddenly became paralytic in the lower limbs, and died; but there was no post-mortem examination of the body. A lady whom I attended last year was suffering from a hopeless case of carcinoma in the breast, and agonising carcinomatous pains in the limbs. One day she became paralytic, lost the use of the lower limbs, and died. Here, also, there was no post-mortem examination. But I met with the following case:—A lady consulted me concerning a scirrhus tumour in the breast. She had gone through the operation for it a year or two before; the disease had returned, and therefore, as far as this was concerned, nothing could be done. By and by there were pains in the limbs and in the back. One night, all at once she lost the use of her lower limbs—could not move them. She died; I was engaged at the time, and could not attend the examination of the body, but Mr. Cutler conducted it. He found, as we had expected, carcinoma of the bones of the spine, and the disease had extended to the dura mater. The carcinomatous bones did not press on the spinal cord; but the disease had produced irritation of the arachnoid membrane, and there was a large secretion of bloody fluid into the theca vertebralis near the cavity of the arachnoid. It was evident that the collection of fluid in the theca vertebralis had been the cause of the paraplegia.

It has been said that paraplegia—paralysis of the

lower limbs generally—depends on disease of the brain and not of the spinal marrow. This was maintained by Dr. Baillie, and published in a paper of his in the Transactions of the College of Physicians; but he gives no facts on which the opinion is grounded. It seems to have been a notion taken up by him without any facts to justify it. However, there is reason to believe that, under certain circumstances, disease of the brain may produce paralysis in the lower limbs before it produces it in the upper. I examined the body of a man who was paraplegic, and I found water in the ventricles of the brain, but no disease connected with the spinal marrow. That you may have disease, however, in the brain and in the spinal marrow, combined in the same individual, there can be no doubt. Some of those young men who, from foolish habits, become paraplegic in the lower limbs, have also cerebral symptoms. There may be softening of the lower half of the spinal marrow, and of a good part of the brain. I think that if there is an entire absence of cerebral symptoms you have a right to conclude that the disease does not exist in the brain, but is confined to the parts below; if, however, the patient says he has double vision, if you find one pupil dilated and not the other, and there be pain in the head and giddiness, you have a right to conclude that there is disease in the brain; but still if there were absolute paralysis I should conclude that there was disease in the spine also.

The case which I am about to mention is a very remarkable one. About nine years ago I was sent for into Lincolnshire to see a gentleman who was paralytic in the lower limbs. The symptoms of paralysis had exhibited themselves eight years before, and at the same time there was pain referred to the epigastrium. The disease had now extended upwards, the arms were beginning to be affected, and there was also dilatation of the pupil of one eye; but at the commencement it was a case of regular paraplegia. Neither my advice nor that of any one else did any good, and the disease was left alone. Ten years afterwards his wife was very ill, and he was brought with her to London. She came for medical advice; but his case being considered hopeless he did not consult any one. He was now completely paralytic in his limbs and arms, he could scarcely speak, and he could only just swallow. He lay as though the head were alive and nothing else. His wife died, and he soon followed. I obtained leave to examine the body. Mr. Tatum and another friend accompanied me. We all three made a very careful examination. What we might have found if the spinal cord and brain had been macerated in alcohol, and if we had traced the fibres and examined them with a microscope, I cannot pretend to say; but, with such an examination as we could make in a private house in the course of a couple of hours devoted to it, we could not detect any morbid appearances at all. The spinal cord seemed rather smaller in size than usual, there was some little effusion between the pia mater and the arachnoid, and at the upper part of the spinal cord there was manifestly a blush. The patient had felt for a considerable time pain in the epigastrium, and I thought that might indicate some disease in the plexus there. We took it home with us; Mr. Tatum dissected it with the greatest care, but nothing could be discovered. Do not, however, suppose that I believe this to be a mere functional disease, because we see nothing after death. The minute organisation of the brain and spinal marrow is not visible to the naked eye, and even with the microscope you can only trace it a little way. I doubt not that there was some defect in the minute organisation of the body,

some change of structure not perceptible to us. I cannot suppose that such a train of symptoms could occur from mere functional disease.

Another cause of paraplegia is inflammation of the lower part of the spinal cord. I read yesterday in a medical journal an account of a man who had pain in the lower part of the back, and in the course of a fortnight he became completely paralytic in his lower limbs. On examining the body after death the spinal cord was found softened, there was blood extravasated here and there, and it was said that the spinal cord bore marks of inflammation; but I am inclined to believe that inflammation of the membranes is a more common cause of paraplegia than inflammation of the spinal cord itself.

I have known a severe attack of lumbago to be followed by an attack of paralysis. I was consulted by a gentleman who had what was called severe lumbago. I only saw him once, and that in consultation, and I recommended that he should be cupped and take mercury. Some time afterwards I was asked to see him again, and then there was entire paralysis of the lower limbs. He remained in that state for some years, and then he died. After seeing this gentleman a second time, and whose case was clearly one in which severe lumbago was followed by paraplegia, I went to the house of the late Dr. Davies, of the London Hospital, to see his preparations, and amongst them was one of spinal marrow with the membranes, the lower part, especially about the cauda equina, being encrusted with coagulated lymph. On making inquiry about the preparation he said that it was rather a curious case—that the patient had had violent pain in the loins, which was followed by paraplegia—that he died, and those were the morbid appearances. In fact, he described exactly the case of the paraplegic gentleman whom I had just visited. I have seen, I will not say several, but some cases of severe lumbago in which the patient was threatened with paraplegia, but recovered under the employment of proper treatment. There was a gentleman who had some rheumatic complaint for which he used a liniment made of tincture of cantharides. One day, by mistake, he swallowed a bottle of liniment instead of his medicine. He soon found that he had got something monstrously hot in his stomach. He had to obtain advice, and then an emetic had to be procured, so that three-quarters of an hour were lost, and by that time the tincture of cantharides had nearly passed out of the stomach. Immediately afterwards he was seized with pain in the loins, there was strangury, great pain and difficulty in making water, and this was followed by partial paraplegia; by making an effort he could walk about. I conclude that the operation of the cantharides produced inflammation of the lower part of the spinal cord. Whether he recovered or not I do not know.

There is no doubt that paraplegia sometimes occurs as the result of functional disease. For example, a young lady, very delicate, with nervous symptoms, weak bodily powers, and an hysterical constitution, and whose sister laboured under an hysterical affection of one limb, began to be weak in her lower limbs, and walked about with some difficulty. The pulse became very small, her hands and feet cold, her appetite bad: she was one of those young women with whom we so commonly meet in the affluent classes of society, and sometimes in the lower. Finding this difficulty in walking about, and being little disposed to it, much more inclined to lie on the sofa, ready to avail herself of an excuse for not making exertion, she consulted a physician in the country, who told her that she had better use crutches. Her

limbs then became paralytic, so that she could not stand, and it was supposed that there was disease in the spine. I went to see her, and after taking great pains I concluded that it was one of those cases so common among hysterical women. I advised that her attention should be called to her case as little as possible, that she should take steel from time to time, that she should be encouraged to use her limbs, that the crutches should be taken away, and a bar put across the room, by holding which she might walk along, and under this treatment she, in the course of a considerable time, walked about. She continued delicate, but the paralytic symptoms were gone. A poor girl was in this hospital, under the care of Dr. Seymour, for what he considered a mere hysterical and nervous affection of the limbs—a girl that wanted tonics, steel, and good diet. She went out of the hospital; some person under whose care she came, thought that paralysis was coming on, and he cupped her again and again, blistered her, and kept her low. All the time that this treatment was pursued she got worse, and she came into the hospital again with her lower limbs paralytic, with large sloughs on the nates and ankles, and she died. On examining the body after death we could find no morbid appearances whatever, and, taking the history of the case and the post mortem examination together, I cannot but believe that the disease under which she laboured was that general want of nervous energy to which hysterical young women are liable, and that the aggravation of the symptoms was the consequence of injudicious treatment by taking away blood from a person who rather wanted blood put into her, and by tormenting her with other painful remedies.

These are the principal causes of paraplegia affecting the lower limbs, so far as I have had an opportunity of observing the disease. I need not tell you that diseases in the vertebræ will produce paraplegic symptoms; but it is not my intention at this moment to enter on diseases of the spine.—*London Lancet.*

RECORD OF MEDICAL SCIENCE.

ON THE OXALIC ACID DIATHESIS.

By H. BENICE JONES, M. A. &c.

The author commences his paper with a quotation from M. Vigla, who, in 1838, says, "Nous avons fréquemment observé dans les sédiments ou les cremors de l'urine de semblables cristaux (octaédriques) que leur forme aurait pu faire supposer être formés de chlorure de sodium, si la solubilité de ce sel, et la petite quantité qui s'en trouve dans l'urine, avaient permis de s'arrêter à cette idée."

Dr. Golding Bird, in 1842, stated that these octohedral crystals were oxalate of lime. No chemical proof having (as far as the author knows) been given, he was led to analyse the sediment. On examining urine for this purpose, the very frequent occurrence of these crystals in rheumatism was observed. In one case, in which the rheumatism was slight, the influence of diet and exercise on the mixed deposit of urate of ammonia and oxalate of lime was made the subject of experiment.

In other cases in which the crystals occurred, the symptoms were altogether different, irritation of the urinary organs being the most prominent. The concretion of the crystals into oxalate of lime gravel seemed (in one case at least) to be the cause of this diversity of symptoms.

The author observes that these crystals do not often

occur in sufficient quantity to admit of analysis, but in Oct. 1843, he examined the urine of a patient of Mr. Cutler's, and at the same time three small renal calculi, which had been passed in July, August, and September. The urine under the microscope contained multitudes of octohedral mixed with some crystals of uric acid. All the calculi consisted of oxalate of lime mixed with uric acid.

The author has also examined cases of acute rheumatism, and always found the presence of these octohedral crystals in the urine of patients laboring under this disease. This deposit is also not unusually found mixed with urate of ammonia in chronic rheumatism. In one case he was enabled to make some experiments on the effects of diet and exercise on the deposit of urate of ammonia, and in it he observed that the octohedral crystals varied in quantity at different hours of the day. The daily results of this experiment are given very minutely, during the four weeks it lasted.

The author states it would be easy to multiply examples of the connection between octohedral crystals and rheumatism, but as it indicates no variation in the treatment of the disease, the fact seems only interesting as showing the close connection between the red deposit and octohedral crystals, and thus giving additional support to the theory of Professor Liebig regarding the origin of oxalate of lime.

The presence of octohedral crystals in the urine is frequently accompanied with symptoms of a totally different kind. The patient complains of pain in the loins, frequent desire to pass urine—which is sometimes small in quantity, at other times so large as to simulate diabetes. There are sudden calls to empty the bladder, and if they are delayed considerable pain is produced. The urine when examined contains only a slight cloud, which does not disappear on the application of heat. When examined by the microscope, this cloud is seen to consist sometimes entirely of octohedral crystals; more frequently of these crystals mixed with globules of mucus, and sometimes there are large and small scales of epithelium.

The symptoms closely resemble those produced by a small calculus in the kidney; and in one case they suddenly ceased after sharp pain in the course of the right ureter, and slight retraction of the testicle.

The author concludes by observing that the treatment which has proved most beneficial has been that which improved the general health. In two of Mr. Cutler's cases the symptoms appeared to follow mental anxiety. Medicines had little effect, but as the cause for anxiety disappeared, the symptoms ceased.—*Trans. Royal Med. and Chir. Society.*

THE NEAPOLITAN PHLEBOTOMIST.

THE taste for blood-letting is universal at Naples. On every the slightest indisposition, or fear of indisposition, all men, women, and children, run to the *Salassatore*, or phlebotomist, to have a little blood drawn from the back of their hand; so that there is not a lad or a young girl of 10 or 12 years of age whose hands do not bear testimony to the repeated applications of the *Salassatore's* lancet. For a faith which has not a single heretic in the community, of course there is a priesthood—a numerous priesthood. The number of educated medical men would never suffice to perform its offices. This has led to the establishment of a special corporation, whose business it is to handle the lancet, and attach the leech. The phlebotomists have therefore establishments in every street, in every open place at Naples. How often have I paused before the singular insignia by which

the shops of these priests of the lancet are distinguished! Imagine to yourself the figure of a man, naked as when he dwelt in paradise, but spirting forth from every vein which steel can reach parabolic jets of blood, an ample pool of which is at the same time collected on the ground. Imagine further, by the side of this awful figure, the effigies of the artist appropriately habited, lancet in hand, and on his knee before his work, like Pygmalion before his statue, and you will have a notion of the way in which the *Salassatore* here brings the fine arts to his assistance! I was curious to penetrate into one of these sanctuaries of minor surgery, and see its priest close at hand, and seeking some pretext for my intrusion, I demanded a few leeches. I found the phlebotomist at the further extremity of his shop, gravely extended upon a settee of straw, and waiting for a customer with that Neapolitan indifference which resembles at once indolence and sleep, or is in fact a mixture of the two. The shop was poorly furnished, but the walls were occupied from the floor to the roof with a frame-work of little compartments or pigeon holes, filled with compresses and bandages rolled neatly up. I ventured a question on the subject, and learned with amazement that each compartment represented a *customer*, whose fillet and compress were there in readiness. I stepped back a pace, before the sanguinary statistics which the answer of the Neapolitan *Salassatore* presented to my mind's eye, and did justice at length to the *moderation* of our Parisian phlebotomists who draw blood on the *coup sur coup* system!—*Lon. Med. Gaz., from Gaz. Méd. de Paris.*

ON OBSTRUCTIONS OF THE PULMONARY ARTERIES.

BY JAMES PAGET.

The obstructions treated of are those produced by clots of blood formed during life. They occur in nearly all cases in which the capillary circulation through a part of a lung is prevented for a considerable time before death: and this, in consequence of the arrangement of the pulmonary arteries, which do not anastomose, except at their smallest branches and in the capillary system; so that whenever any part of that system is obstructed there must be a stagnation of the blood in all the branches of the arteries leading to that part. Branches of the pulmonary arteries are usually found filled by old coagula, in cases—1st, of compact pulmonary apoplexy; 2d, of extreme œdema of the lungs, especially in that form which is attended by peculiar rottenness of their texture, and which is apt to supervene in old persons upon disease of the heart, or emphysema after repeated attacks of bronchitis; 3d, of pneumonia with solid deposit; 4th, of cancer of the lung, when cancerous matter has been conveyed by the circulation into the branches of the pulmonary arteries. Cases of the occurrence of such coagula in these several diseases are related.

But besides these cases, in which the formation of the coagula is in a greater or less degree the consequence of obstruction of the capillaries of the lung, there are others in which it appears as the chief and primary disease.

Three such cases are detailed. In all of them numerous branches of the pulmonary arteries of the second, third, and more distant orders, were completely blocked up by coagula, which had evidently been formed long before death, and besides which no sufficient cause of death could be found. In one of the cases some of the coagula had become organized, and formed pale, firm bands and loops attached to the walls of the artery. In two of these cases there

was no indication whatever of inflammation of the pulmonary artery, or its branches, having existed: they were in all respects healthy, except in having spots of yellow deposit in their coats, a change which the author states to be very common in the secondary and smaller branches of the pulmonary artery. In the last case related, there were abundant fibrinous deposits in the pulmonary valves, with wart-like growths, and ulceration of the adjacent part of the artery. There were only two valves in this pulmonary artery, and the author takes this occasion to mention the fact, that in the majority of cases in which only two valves have been found in the pulmonary artery or aorta, those valves have been diseased. He points it out as an example of a congenital defect in the shape of a part being accompanied by a more important congenital imperfection of its tissue; and alludes to the necessity of considering the latter imperfections as predisposing causes of disease in the imperfect part.

Mr. Hewitt mentioned several cases in which he had lately met with but two semilunar valves at the roots of the great arteries. In two cases there was disease—vegetation—of the valves; in a third the valves were healthy, and performed their office perfectly.

Mr. Paget observed, that in cases of valvular malformation there was greater liability to disease than usual: but he held that this was more owing to imperfection of tissue or texture, than to alteration of shape.—*Medical Gazette*.

PRESERVATION OF PATHOLOGICAL SPECIMENS.

M. Pigne announces that a solution of creosote, in the proportion of 4, 5, 6, 8, or 10 drops, according to circumstances, to the litre or pint and three-quarters of water, forms an excellent and of course very cheap liquor for the preservation of pathological specimens. An entire subject, or any portion of it, kept in the solution of 10 drops, preserves all its physical characters and properties unchanged for an indefinite length of time. Pathological specimens that have been shrunk and blanched by twenty years keeping in spirit, are very speedily restored to their original form, size, colour, and pliability, by being transferred to the creosote liquor. Portions of blood, pus, urine, &c. may be kept in it without undergoing any change, and examined at leisure.—*Ibid. from Gazette Médicale de Paris*.

OBSTINATE CASES OF URETHRAL STRICTURE.

In these cases Mr. Syme deprecated an attempt to effect dilatation by bougies, as no less dangerous than useless. He recommends division of the stricture, either by subcutaneous puncture, when it is seated in the pendulous part of the canal, or by a free incision upon a grooved director, when it lies behind the scrotum, as having proved completely successful in cases that had resisted every form of dilatation.

HEATING POWER OF THE SUN.

Few of those who have not turned their minds to the particular study of HEAT, have estimated at its full amount the calorific power of the sun. We seldom, in these latitudes, find bodies exposed to the direct rays of the sun to attain a higher temperature than is indicated by about 120° Fah. But the celebrated M. de Saussure, by means of a little box constructed of wood, and lined with charred cork, obtained a temperature of 221° Fah., the temperature of the external air being at that time 55°; and Professor Robison, in the cold climate of Edinburgh, by

means of a somewhat similar apparatus, frequently obtained an indication of 230°, and once, circumstances being favourable, of 237° Fah. The sun's rays, therefore, not concentrated in any way, but simply accumulated, have a temperature much above that of boiling water, in the 52d parallel of northern latitude. *Ibid.*

THE ROYAL ACADEMY OF SCIENCES, PARIS,

Have awarded a prize of six thousand francs in equal moieties to M. Stromeyer of Hanover, and M. Dieffenbach of Berlin,—To Stromeyer, for having first conceived the operation for squint, and shown its practicability on the dead body; to Dieffenbach, for having first successfully performed the operation on the living subject.

The Academy have further recompensed Messrs. Bourguery and Jacob with a sum of five thousand francs, for their *Iconography of Surgical Anatomy and the Operations of Surgery*.

The Academy have still further rewarded M. Thibert with a sum of four thousand francs for his imitations of morbid structures, in a kind of papier maché, (cartonpierre), coloured, which, say the Commissioners, "reproduce every variety of morbid structure with the greatest fidelity in regard to form, relief, and colour, and with the strictest attention to the last minutæ of detail."

The Academy have still further decreed a sum of three thousand francs to M. Longet for his work *On Anatomy and Physiology of the Nervous System of Man and the Vertebrata*, as containing "a great number of facts relative to the diseases of the nervous system, which scattered, and isolated hitherto, are here collected, collated, and discussed in a very complete manner. And to M. Valliez they have voted a sum of two thousand francs for his work on the *Neuralgiæ*, as calculated to advance the healing art, and to improve the diagnosis and therapeutics of an important class of diseases."

They have finally desired that honourable mention be made of the inquiries of M. Amussat in regard to the wounds of arteries; of the work of Messrs. Serrurier and Rousseau upon the *Diseases of the Air-Passages of Man and certain Animals*; and of the treatise of Dr. Ph. Boyer on the treatment of Ulcers by means of compression effected with strips of adhesive plaster.—*Ibid. from Comptes Rendus*.

DISEASE OF THE TIBIA FROM INJURY.

Dr. Chisholm related in the *London and Edinburgh Medical Journal*, the case of a man forty years of age, who was admitted into the Northern Infirmary, Inverness, with disease of the left tibia, following a blow from a stone inflicted a twelvemonth previously. On examination, a large ulcerated excavation, about four inches by three, was observed occupying part of the middle and inferior thirds of the leg on its inner and anterior aspect. No bone could be felt in the cavity, and the probe passed down to below the external malleolus. Several fistulous communications were also found on the inner side of the limb around the ankle joint. Numerous pieces of bone had been discharged. In consultation on the case, amputation was unanimously resolved on, but previously to its performance, the anterior tibial artery became involved in the ulceration, and hæmorrhage to a very large extent was the result. The operation was consequently performed as speedily as possible, and the man ultimately recovered without having had a bad symptom.